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ABSTRACT

This study assessed the influence of gender and sex-role orientation on counselor effectiveness. Participants (56 female, 24 male) consisted of advanced level Master's degree counselor trainees and their clients. The counselors' sex orientation was based on their responses on the Personal Attributes Questionnaire. Sex orientation was divided into four categories: androgynous (n=27), masculine (n=5), feminine (n=26), or undifferentiated (n=7). Client data included descriptive information, results from the Counselor Rating Form-Short Version (CRF-S), and other measures. Results suggest that sex-role orientation alone and gender alone did not adequately account for differences in how clients perceived their counselors. However, when sex-role orientation was considered with gender, several differences and some relationships emerged. Undifferentiated male counselors were less likely to be referred to their clients' friends than were androgynous counselors (male and female), feminine female counselors, and undifferentiated female counselors. Counselor sex-role orientation and gender, however, made little difference in clients' perceptions of counselor attractiveness, expertness, and trustworthiness, in feelings of being helped by the counselor, or in willingness to return in the future. (Contains 23 references.) (RJM)

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Client Perceptions of Counselor Effectiveness: Do Gender and Sex-Role Orientation Make a Difference?

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Client Perceptions of Counselor Effectiveness: Do Gender and Sex-role Orientation Make a Difference?

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For years researchers have tried to better understand the counselor and client variables that contribute to positive client perceptions and effective counseling outcomes. For those who train counselors, knowledge about what makes an effective counselor is essential. While the counselor education literature has focused, at length, on the necessary helping skills and the "core" attitudes of empathy, genuineness, and positive regard, less attention has been given to the personality variables that may affect the acquisition of these skills or their use in counseling situations (Fong & Borders, 1985). Counselor gender and sex-role orientation are two variables that have been associated with differences in counselor behavior, client experiences, and counseling outcome (Nelson, 1993).

Research on the effects of counselor gender on counseling outcomes is equivocal. In some studies, male and female clients have reported greater improvement and satisfaction with female therapists than with male therapists (Jones, Krupnick, & Kerig, 1987; Kirshner, Genack, & Hauser, 1978). Clients in another study felt that female therapists formed more effective therapeutic alliances, although no differences were found in client reports of improvement (Jones & Zoppel, 1982). Female subjects have reported greater comfort disclosing to female counselors (Banikiotes and Merluzzi, 1981), and Yanico and Hardin (1985) noted female clients' preferences for female counselors. Feldstein (1982), on the other hand, found that male counselors were rated higher than female counselors on all three scales of the Counselor Rating Form. Bernstein, Hofmann, and Wade (1987) reported a general preference for male counselors, while Petro and Hansen (1977) found male and female counselors to be equally empathic. It is clear that counselor gender, in and of itself, is not sufficient to account for differences in client perceptions or in outcome.

Increasingly, studies have examined the effects of gender in conjunction with other counselor/client characteristics. One of the variables that has received a great deal of attention is counselor sex-role orientation. Sex-role orientation has been defined as the extent to which a person exhibits characteristics judged to be stereotypically masculine (more characteristic of men than women) , or stereotypically feminine (more characteristic of women than men), and socially desirable, to some degree, in both sexes. Masculinity and femininity are separate, independent dimensions that are both present, in varying degrees, in men and women (Spence, Helmreich, & Stapp, 1975). Masculine characteristics tend to be more instrumental and self-assertive in nature, while feminine characteristics tend to be more expressive and interpersonal. Androgynous individuals endorse a high number of masculine and feminine characteristics, while undifferentiated persons describe themselves with few masculine and few feminine characteristics (Spence et al., 1975).

Research examining sex-role orientation, and interactions between sex-role orientation and gender, have provided more information about relationships to counseling effectiveness than studies focusing on gender alone; however, findings remain contradictory. A number of studies have pointed to a preference for therapists who are high in femininity, while others have identified interactions between counselor sex-role and counselor gender, between counselor sex-role and client problem-type, and between counselor sex-role and client sex-role orientation.

In a study by Feldstein (1982), feminine counselors, regardless of gender,were rated higher on the Barrett-Lennard Relationship Inventory scales of empathic understanding, congruence, and regard, while masculine counselors were rated higher on unconditional positive regard. Subjects in another study were more willing to disclose to, and preferred, androgynous and feminine counselors, regardless of gender (Highlen & Russell, 1980). Banikiotes and Merluzzi (1981) found that female "egalitarian" (androgynous) counselors were perceived as most expert, female "traditional" (feminine) counselors were seen as least expert, and male "traditional" (masculine) counselors were seen as least trustworthy by the subjects in their study. Client concerns contributed to differing perceptions of counselors in a study by Blier, Atkinson, and Geer (1987). For personal concerns, subjects were more willing to see feminine sex-role counselors than masculine sex-role counselors, while the reverse was true for assertiveness concerns. For academic concerns, subjects were more willing to see masculine and androgynous counselors than feminine counselors.

The ways that counselors' sex-role orientation and gender influence their behavior in actual counseling sessions, how they are perceived by clients, or how they learn counseling skills are issues that have received little attention in the counseling literature. Some time ago, Borders and Fong (1984) raised a number of important questions regarding the effects of counselor sex-role orientation on counselors as learners, on the counselor's interaction with clients, and on the process and progress of counseling. Our interest in addressing similar questions led us to design the exploratory study described here.

For a variety of reasons, it is difficult to draw meaningful conclusions from the research on sex-role orientation and counseling outcomes. Counseling "effectiveness," as defined by the outcome measures used, refers to a host of different variables. Studies have used client preferences; improvement as rated by clients; improvement as rated by independent observers; client satisfaction; client ratings of counselor characteristics such as expertness, attractiveness, and trustworthiness; client ratings of counselor attitudes such as empathy and unconditional positive regard; client willingness to see the counselor; and so on. Furthermore, few studies have used actual counselors and clients in real counseling situations (Cook, 1987). Instead, it is common practice to use analogue studies in which non-client subjects respond to videotapes or written descriptions of counselors that reflect different sex-role orientations. Can one conclude that subjects rating videotaped counselors are responding as real clients would?

In the current study, therefore, we used counselor trainees and their clients in real counseling situations. The purpose of the study was to investigate whether trainees' sex-role orientation, gender, or sex-role orientation and gender were associated with differences in client perceptions of counselor trainee "effectiveness." Our ultimate goal, as counselor educators, was to incorporate these learnings into the training of professional counselors.

Method

Participants

The participants were graduate counselor trainees in ten on-campus sections of the counseling practicum experience. These trainees were advanced level Master's degree students who were preparing to become either professional school counselors or professional counselors in community settings. They provided personal and career counseling under faculty supervision for adults from the university and neighboring communities. The counseling services were available through the department's Counseling Lab. Seven different counselor education faculty members were involved in the supervision of the trainees.

Eighty counselor trainees, comprised the original sample selected for the study; 56 were female and 24 were male (70% and 30%). Data collected on these participants included personal and demographic information as well as scores on the Personal Attributes Questionnaire (PAQ). Client data included descriptive information from the intake form, responses to four items designed to determine client satisfaction with the counseling experience, and results from the Counselor Rating Form-Short Version (CRF-S). Complete data on each counselor's first client were collected for 65 of the 80 counselor trainees. Thus 81% of the original sample of counselor trainees were used in the study, 48 females (74%) and 17 males (26%). One client completed the CRF-S but did not complete the post-counseling questionnaire; only partial analyses could be completed for that counselor trainee. Fourteen other counselor trainees were omitted from the study due to incomplete client or counselor data.

Instruments

The Personal Attributes Questionnaire (PAQ) (Spence, Helmreich, & Stapp, 1974) was selected as the measure of counselor trainee "sex- role orientation." This self-report instrument was designed to assess gender-related, desirable instrumental and expressive qualities. The construct validity of the PAQ as a measure of these personality dimensions has been well established in the literature (Spence,1984). Although the PAQ is frequently referred to as a sex-role orientation measure, Spence (1991) stresses that the instrument does not attempt to measure global gender constructs as masculinity-femininity or sex- role orientation, which include a broad range of traits. The PAQ was selected for use in the present study because of its specificity in tapping desirable instrumentality and expressiveness, and thus its potential applicability to counselor behavior, training, and supervision.

For the purposes of this study, the 40-item extended form of the PAQ was used. The instrument consists of 40 bipolar characteristics accompanied by 5-point rating scales. The participant selects the point on the scale that best describes him/herself. The items form two major scales, the M scale and the F scale. The M scale contains items judged to reflect personality traits more characteristic of males than females and which are socially desirable to some degree in both sexes. These items primarily describe self-assertive, instrumental characteristics. The F scale contains items more characteristic of females than males and which are socially desirable to some degree in both sexes. These items primarily describe interpersonally oriented, expressive characteristics. In her recent writings, Spence (1993) refers to the I (instrumental) and the E (expressive) scales. In this paper, however, we will continue to refer to the M and F scales, terminology more frequently seen in the literature.

By using the M and the F scale scores, a person can be categorized into one of four "sex-role orientation" groups by means of a median-split method. Persons who score above the median on both the M and the F scales are androgynous. Those who score above the median on the M scale and below on the F scale are masculine. The feminine category includes persons who score above the median on the F scale and below the median on the M scale, while the undifferentiated category includes those who score below the median on both the M and the F scales. In the present study, there were 27 trainees in the androgynous group, 5 in the masculine group, 26 in the feminine group, and 7 in the undifferentiated category.

The Counselor Rating Form-Short Version (CRF-S) (Corrigan & Schmidt, 1983) was selected as a measure of counselor effectiveness as perceived by their clients. The CRF-S is reported to have attained or exceeded the objectives of improving the utility of the

original CRF without sacrificing its validity or reliability (Corrigan & Schmidt, 1983). It is comprised of 12 items instead of the 36 items that make up the CRF. Both instruments are designed to measure the social influence attributes of attractiveness, expertness and trustworthiness. Using a seven-point Likert scale anchored by the words not very and very, respondents are asked to rate the extent to which the counselor demonstrates the characteristics of 12 positive adjectives.

Validation of both the CRF and CRF-S has been substantial when compared to alternate methods of measuring social influence. Both instruments have been used in recent studies that attempt to examine the complex phenomenon of counselor effectiveness. The 12 items on the CRF-S were selected on the basis of their high loading on the appropriate dimension in previous factor analyses and the educational level required for understanding the positive adjectives in the items (Corrigan & Schmidt, 1983). It is intended for use with both college and non-college populations, and in experimental as well as field settings.

In addition, a post-counseling rating form was developed to assess the level of client satisfaction upon completion of the counseling experience. On a five-point Likert scale, from strongly disagree to strongly agree, clients rated the degree to which they felt helped; the degree to which they would refer a friend to their counselors; and the degree to which they would return to their counselors if they had future concerns. In the fourth item clients were asked to confirm the number of counseling sessions they completed with their counselors. The modal number of sessions was 3, and the mean number was 4.3.

Procedures

The investigators met individually with each of the faculty supervisors prior to the beginning of their counseling practicum sessions. At this time, the purpose and design of the study was presented; the importance of confidentiality emphasized; and the procedures for gathering the data clarified. Because of the investigators' continuing professional relationship with the practicum supervisors selected for the study, the general level of support and cooperation necessary for this type of research effort was obtained. Serious attention was given to confidentiality issues, with counselor personal code numbers and client social security numbers utilized throughout the study to insure anonymity. It was agreed that the only feedback provided to the supervisors would be a summary of client responses to the post-counseling rating form assessing client satisfaction.

The PAQ was administered to the counselor trainees during their first practicum sessions and their responses returned directly to the investigators. Participation in the study was voluntary, however, all counselor trainees identified did agree to participate after the nature and procedures of the study were explained. The initial client of each counselor trainee was informed of the study at the time of intake. In addition to filling out an intake form, which included personal information and a brief statement as to their reasons for coming to counseling, the clients signed release forms permitting their sessions to be observed and audio-video recorded.

The clients were informed, prior to the beginning of their first counseling sessions, that they would be asked to provide feedback at the conclusion of their counseling experiences. The CRF-S and the post-counseling rating form were administered by the faculty supervisor or a graduate assistant upon completion of each client's last session. These client responses were returned directly to the investigators in pre-addressed, sealed envelopes.

Results

To determine whether there were any differences in client ratings as a function of counselor gender, counselor sex-role orientation, and /or the interaction between gender and sex-role orientation, 2 (gender) X 2 (masculinity, high or low) X 2 (femininity, high or low) factorial analyses of variance were conducted for the scores on the three CRF-S scales and the scores on the first three items of the post-counseling rating form.

The ANOVA model used here treats masculinity (high/ low levels) and femininity (high/low levels) as a pair of crossed, independent variables (Fong, & Borders, 1985; Taylor & Hall, 1982). The four PAQ categories are retained as the cells of the two-by-two table (Taylor & Hall, 1982), but the analysis allows assessment of the independent effects of masculinity, femininity, and their interaction. Spence et al. (1975) note that the masculinity and femininity dimensions of the PAQ have independent influences on behavior; thus, it is important to assess three independent effects - two main effects and the effect of their interaction. This is discussed at length by Taylor and Hall (1982).

A significant main effect was found for gender ($F, 1, 63 = 4.71, p < .05$) and for femininity (F) ($F, 1, 63 = 4.89, p < .05$) for scores on the post-counseling rating form item, "I would refer a friend to my counselor." Male counselors received lower scores on this item than did female counselors. Male and female counselors with low F scores (masculine and undifferentiated PAQ categories) received lower scores on this item than did counselors with high F scores (feminine and androgynous PAQ categories).

No significant interactions of M and F were found; however, a significant interaction was found for gender and M for scores on the same post-counseling rating form item ("I would refer a friend to my counselor"), $F, 1, 61 = 5.99, p < .05$. The Tukey Studentized Range Test, adapted for use with unequal cell sizes (Keppel, 1973), was used to test for significant differences between means. Male counselors with low M scores (feminine and undifferentiated categories) received lower scores on this item than males with high M scores and all females (high and low M scores). (See Table 1)

The significant findings described to this point, were further clarified by the finding of a significant 3-way interaction for gender, M, and F for client ratings on the post-counseling rating form item, "I would refer a friend to my counselor", $F, 1, 57 = 5.56; p < .05$. These results must be viewed with caution, however, due to the low frequencies in several of the cells. The Tukey Studentized Range Test was again used to compare means. Male counselors with low M/low F scores (undifferentiated) received lower scores on this item than did males with high M/high F scores (androgynous), females with high M/high F scores (androgynous), females with low M/low F scores (undifferentiated), and females with low M/high F scores (feminine). (See Table 2)

Because Spence and Helmreich (1979) recommend that, whenever possible, masculinity and femininity be retained as continuous variables and correlations computed between the criterion and the M and F scores, Pearson Product Moment Correlations were computed between scores on the PAQ M and F scales and client ratings on both instruments. For male counselors, there was a significant positive correlation between scores on the PAQ M scale and ratings on the post-counseling rating form item, "I would refer a friend to see my counselor." ($r=.709; p < .01$). This finding is consistent with the ANOVA results described above. For female counselors, there was a significant negative correlation between scores on the PAQ F scale and ratings on the CRF-S scale for expertness ($r= -.296; p < .05$).

Discussion

The results suggest that sex-role orientation alone and gender alone do not adequately account for differences in how clients perceive their counselors. However, when sex-role orientation is considered with gender, several differences and some relationships begin to emerge. Male counselors who are low on M and low on F (undifferentiated) are less likely to be referred to their clients' friends than androgynous counselors (male or female), feminine female counselors, and undifferentiated female counselors.

Counselor sex-role orientation (or instrumentality/expressiveness) and gender, however, seem to make little difference in clients' perceptions of counselor attractiveness, expertness, and trustworthiness, in feelings of being helped by the counselor, or in willingness to return in the future. The repeated appearance, in this study's significant findings, of the item, "I would refer a friend to my counselor," is difficult to explain. It is likely tapping a different variable than the other items on which clients rated their counselors; however, what that variable might be is not apparent from these results.

Perhaps referring friends to their male counselors is not related to clients' perceptions of their counselors as helpful, expert, trustworthy, or attractive, but to their levels of instrumentality and expressiveness. Perhaps these qualities are not associated with the other measures of effectiveness. It may be that the male counselor's "appearance" is more important when referring a friend than is his effectiveness. People in the undifferentiated sex-role orientation category have been described as lower in self-esteem, poorer in social interactions and ratings by others, and more likely to report psychological problems than those in the other three categories (Cook, 1987). Are such qualities coming across and influencing clients' perceptions of their male counselors? It is clear that further research would need to be done to identify what this item is really measuring. In addition, future researchers should attempt to learn more about the undifferentiated sex-role category by obtaining samples large enough to include an adequate number of undifferentiated subjects (Fong & Borders, 1985).

The finding that for female counselors, higher F scores were related to lower expertness ratings warrants further investigation. This relationship is consistent with Banikiotes and Merluzzi's (1981) finding that female counselors who fit traditional stereotypes (feminine) are seen as least expert, while androgynous females are seen as most expert. If client perceptions of counselor expertness are important, then the question of how we can teach female trainees to come across as more expert deserves attention. Would teaching female trainees with high F scores and low M scores to be more instrumental, agentic, and assertive affect their expertness ratings?

The results of this study serve to reinforce points made by Cook (1987) when she noted that men and women receiving the same masculinity and femininity scores are likely to behave differently from one another. Although the nature of any behavioral differences between counselors cannot be identified in this study, the results do lend support to the notion that male and female counselors with similar M and F scores are perceived differently by clients. Furthermore, although characteristics of the client population were not considered in this study, variables such as client gender, sex-role orientation, and problem focus likely need to be taken into account. As Nelson (1993) has pointed out, researchers must study gender-related differences in very specific contexts, considering as many variables as possible.

Considerations for future research

The difficulties encountered in conducting research on counselor effectiveness as a function of counselor gender and/or sex-role orientation are numerous. The paucity of recent studies that demonstrate meaningful and consistent relationships between variables further substantiates this premise.

At the outset, sample selection is a critical consideration. Obtaining a sufficient number of counselors representing both genders and all four sex-role orientation categories is a challenge, but one that must be met in order to obtain results that are generalizable. In this study, 17 male counselors, or approximately 20% of the total number of counselors, completed the research project. The distribution of counselor trainees among the four PAQ classifications was even more problematic, with most counselors (approximately 80%) falling in the androgynous and feminine categories. From a practical perspective, this breakdown reflects the availability of counselor trainees involved in counseling practicum at the time. Nevertheless, these distributions are a serious limitation in the generalizability of the results. Clearly, much larger samples are needed.

The failure to find significant differences between counselors in the four sex-role orientation groups on any of the CRF-S scales may be explained, in part, by the nature of the participants in this study. In general, there was little variability among counselors on their CRF-S scores; they generally received high scores on all three scales. The trainees had completed an intensive review of facilitative counseling skills and attitudes prior to their initial counseling sessions. Since those skills are very much reflected in the CRF-S scales of trustworthiness and acceptance, this might explain the high scores on those scales. Expertness scores varied the most, and it was these scores that showed modest, though significant, negative correlations with female counselors' F scores. The fact that the counseling services were free, and that some of the clients were university students, may also help to explain why the clients' perceptions of their counselors were so uniformly positive.

As was pointed out earlier in this paper, definitions of counselor/counseling effectiveness are quite varied in the literature. Since each definition addresses only one small part of the larger construct, the need for multiple measures of effectiveness is critical and should be addressed in future research. In retrospect, combining supervisor ratings of counselor effectiveness with client ratings would have been advantageous. For example, supervisor ratings of counselor behavior in sessions would provide important information about what counselors actually did. The number of supervisors involved, and the time and training required to develop a systematic evaluation procedure made such ratings impractical at the time. In addition, measures of client change would be very useful.

Conducting this study in a university setting, with on-campus counseling practicums resulted in procedural issues that were difficult to control and manage. Working with supervisors who were faculty colleagues, and having direct access to counselors and clients, were factors that facilitated the research project. Also, utilizing counselor trainees can result in useful applications for training and supervising prospective counselors. Nevertheless, research efforts utilizing professional counselors who are practicing in actual work settings are strongly encouraged.

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Table 1

Means and Standard Deviations for Scores on Post-Counseling Rating Form Item #2 ("I would refer a friend to my counselor.") by Counselor Gender and Masculinity (M) level

	Males		Females	
	Low M	High M	Low M	High M
Mean	2.50a	4.08b	4.28b	4.37b
S.D.	1.73	.86	.78	1.01

Note: Means with different subscripts differ significantly at $p < .05$.

Table 2

Means and Standard Deviations for Scores on Post-Counseling Rating Form Item #2 ("I would refer a friend to my counselor.") by Counselor Gender , Masculinity (M) Level, and Femininity (F) Level

	Males			
	Low M/Low F (undifferentiated)	Low M/High F (feminine)	High M/Low F (masculine)	High M/High F (androgynous)
Mean	2.00a	3.00	4.00	4.10b
S.D.	0.00	2.83	1.00	.88
	Females			
	Low M/Low F (undifferentiated)	Low M/High F (feminine)	High M/Low F (masculine)	High M/High F (androgynous)
Mean	4.40b	4.25b	2.50	4.59b
S.D.	.89	.79	2.12	.62

Note: Means with different subscripts differ significantly at $p < .05$.